

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 875)

SERIAL NO. 10065152 FILING DATE

APP. CATE.

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51	1		
2		1					52	1		
3		1					53	1		
4		1					54	1		
5		1					55	1		
6		1					56	1		
7		1					57	1		
8		1					58	1		
9		1					59	1		
10		1					60	1		
11		1					61	1		
12		1					62	1		
13		1					63	1		
14		1					64	1		
15		1					65	1		
16		1					66	1		
17		1					67	1		
18		1					68	1		
19		1					69	1		
20		1					70	1		
21		1					71			
22		1					72			
23		1					73			
24		1					74			
25		1					75			
26		1					76			
27		1					77			
28		1					78			
29		1					79			
30		1					80			
31		1					81			
32		1					82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37		1					87			
38		1					88			
39		1					89			
40		1					90			
41		1					91			
42		1					92			
43		1					93			
44		1					94			
45		1					95			
46		1					96			
47		1					97			
48		1					98			
49		1					99			
50		1					100			
TOTAL IND							TOTAL IND	6		
TOTAL DEP							TOTAL DEP	6		
TOTAL CLAIMS							TOTAL CLAIMS	6		